

**SEP 18 2007**

PTO/SB/21 (09-04)

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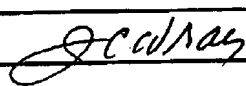
Total Number of Pages in This Submission

Application Number	10/728,961
Filing Date	12/28/2003
First Named Inventor	Huffman, Larry D.
Art Unit	3764
Examiner Name	Richman, Glenn E.
Attorney Docket Number	

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD  <div style="border: 1px solid black; padding: 2px;">Remarks</div>	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Request for Withdrawal As Attorney or Agent and Change of Correspondence Address
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Law Offices of James C. Wray		
Signature			
Printed name	James C. Wray		
Date	September 18, 2007	Reg. No.	60,086

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Roxana P. Day	Date	September 18, 2007

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**REQUEST FOR WITHDRAWAL  
 AS ATTORNEY OR AGENT  
 AND CHANGE OF  
 CORRESPONDENCE ADDRESS**

Application Number	10/728,961
Filing Date	12/28/2003
First Named Inventor	Huffman, Larry D.
Art Unit	3764
Examiner Name	Richman, Glenn E.
Attorney Docket Number	

To: Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 000049801

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

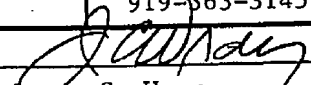
Non-remittance of payment by client.

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
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☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Larry D. Huffman		
Address	239 Heritage Hill Trail		
City Louisville		State KY	Zip 40223
Country	USA		
Telephone	919-363-3145	Email	
Signature			
Name	James C. Wray	Registration No.	60,086
Date	September 18, 2007	Telephone No.	703-442-4800

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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